COMMERCIAL MECHANCIAL PERMIT

CHARTER TOWNSHIP OF LANSING

Date///////			BUILDING DEPARTMENT 3209 W Michigan Ave. Lansing, MI 800-627-2801 800-627-2801 Ext. 1
Job Location:	Property Tax No	:	
Owner:			
Address:			
Owners Email	:		
	of the road: North South East		
	ITEMIZATION	No.	
	Plan review, administration base fee and all required and final inspections	XXX.	\$150.00
	Gas/Oil burning equipment		
	new and or conversion units	\$30.00 each	
	Chimney, factory built (Class A)	\$25.00 each	
COST OF PERMIT: \$	Duct System/Hydroponic Piping	\$25.00 each	
	Solar Equipment System and Piping System	\$20.00	
Make checks payable to	Gas Piping (New Installation)	\$20.00	
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CHARTER TOWNSHIP OF LANSING	Exhaust Fan/Power Exhaust	\$5.00 each	
	Flue Damper/vent damper	\$5.00 each	
	L.P.G. & Fuel oil tanks, piping fee included	\$20.00 each	
Building Dept. Approval	Central Air Conditioning and Heat Pump	\$30.00 each	
6	Piping systems (incl. process piping) - minimum \$25.00	\$0.06/ft	
Ву:	Air Handlers/Heat Wheels - Under 10,000 CFM	\$20.00 each	
	Air Handlers/Heat Wheels - OVER 10,000 CFM	\$15.00 each	
	Commercial Hoods	\$60.00 each	
	Heat Recovery Units	\$10.00 each	
	V.A. V. Boxes	\$10.00 each	
What is the building size in source fastand	Unit Ventilators	\$10.00 each	
What is the building size in square footage?	Unit Heaters (terminal units)	\$15.00 each	
	Fire Suppression/Protection - minimum \$20.00	\$0.80/head	
	Evaporator Coils	\$30.00 each	
	Refrigeration (split system)	\$30.00 each	
What is the input rating of the heating	Chiller	\$30.00 each	
	Cooling Towers	\$30.00 each	
system in this building?	Compressor	\$30.00 each	
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Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. Plans are not required for the following.

- 1. Alterations and repair work determined by the mechanical official to be of a minor nature.
- 2. Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more
- than 3,500 square feet.
- 3. Work completed by a governmental subdivision or state agency costing less than \$15,000.00 If work being performed as described above, check box below "Plans Not Required."

Plans Not Required

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature. **All projects that require plan review will be assessed a plan review fee.**

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Description of work:	Additional Notes:

Contractor Name:	Phone #		Fax #			
Address	City		State	Zip		
Federal I.D. No/Social Security No.		MESC Employer No:				
Contractor License No. Exp. Date		Worker's Compensation Insurance Carrier				
Name of Master Mechanical Contractor		Master License No. Exp. Date				
Master Mechanical Contractors Business Address City			State	Zip		
If exempt from any of the above, explain here	:	Email:	I	I		
		(REQUIRED)				
Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from						
conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil						
fines.						

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I herby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

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Date: _____